

COURSE APPLICATION FORM

All information given on this application form will be treated as Confidential

I wish to apply for membership as a Student Member of the Institute for the Management of Information Systems and undertake, if accepted, to observe the provisions of the Institute in force at that time.

Course you wish to undertake:

Foundation Diploma Higher Diploma
 Diploma

Title, please tick as applicable

Mr Mrs Miss Ms Other

Family Name _____

Given Name(s) _____

D D M M Y Y

Date of Birth / /

Designatory Letters _____

How did you learn about the IMIS? (i.e. through advertising, at an exhibition, through local branch etc).

Home Address

 _____ Postal Code _____

Tel No. _____

Fax _____

E-Mail _____

Web Site _____

Business Address

Include Name of Company/Organisation

 _____ Postal Code _____

Tel No. _____

Fax _____

E-Mail _____

Web Site _____

Address for Mail: Home Business

Present Occupation _____

Length of Business Experience in:
 Information Technology Yrs
 Other (Please Specify) _____ Yrs

Examinations Passed. Documentary Evidence of Examinations Passed must be included:

Date(s)	Result/Qualifications (including Stage)	Subject(s)	Examination Body, Educational Establishment, Professional Body

Please state Name and Address of College of Study for the Institute's Examinations and Method of Study:-

College Name/Address

Postal Code _____

Tel No. _____ Study Method: Full-time

Fax _____ Part-time

E-Mail _____ Home Study

Web Site _____

I declare that all the above statements in support of my Application are, to the best of my knowledge, true and complete and understand that any statements to the contrary may result in my subsequent disqualification.

Signature _____

Date: _____

When you have completed this Application Form please send it to IMIS Head Office together with all relevant documentary evidence, Application Fee (non-returnable) and Annual Subscription Fees. Payment can be by Cheque/Postal Order or by completing the slip below to pay by Credit/Debit Card.

Please debit my MasterCard/Visa/Switch account by the amount shown:

£ _____ Signature _____

Card No. _____

Expiry Date _____

Valid From Date _____

Card Issue Number _____ (Switch only)

Please refer to the IMIS privacy policy documented in our Membership Pack.
